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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 10/152,290 05/22/2002 PAT 6,717,746 *JP*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *SA*  
 GERMANY 101 27 227.8 05/22/2001

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 05/07/2004**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 5	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowed <i>SA</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**  
 Catadioptric reduction lens

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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